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JUN 07 2005

PATENT

HEMOSTA.022C1

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Julius G. Hammerslag  
 Appl. No. : 10/827,101  
 Filed : April 19, 2004  
 For : METHOD OF SPINAL FIXATION  
       USING ADHESIVE MEDIA  
 Examiner : Ramana, Anuradha  
 Group Art Unit : 3732

## CERTIFICATE OF FAX TRANSMISSION

I hereby certify that this correspondence and all marked attachments are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

June 7, 2005  
 (Date)  
  
 Walter S. Wu, Reg. No. 51,816

## AMENDMENT AND INFORMATION DISCLOSURE STATEMENT

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on May 19, 2005, Applicant submits the following response, of which:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

A PTO/SB/08 Equivalent is enclosed with this paper.

16/08/2005 TLD111 00000003 111410 10827101

11 FC:2202 350.00 DA

-1-

PAGE 3/14 \*RCVD AT 07/07/2005 2:32:33 PM [Eastern Daylight Time] \* SVR:USPTO-EXRF-14 \* DRS:8729306 \* CSID:949 760 9502 \* DURATION (mm:ss):04:12

06/14/2005 NPATTERS 00000003 111410 10827101  
 01 FC:2202 350.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

16827101

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 33            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 93 minus 20 = | 13                       |
| INDEPENDENT CLAIMS               | 4 minus 3 =   | 1                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|--------------------------|---|------------------|
|  | Total                                     | 31                       | Minus                                       | 33               |
| Independent                                    | 4   | Minus                    | 4   |                  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| XS 9=     |        | OR XS18=     | 234    |
| X43=      |        | OR X86=      | 66     |
| +145=     |        | OR +290=     | 0      |
| TOTAL     |        | OR TOTAL     | 1090   |

SMALL ENTITY  
TYPE  OR OTHER THAN  
SMALL ENTITY

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| XS 9=           |                        | OR XS18=           |                        |
| X43=            |                        | OR X86=            |                        |
| +145=           |                        | OR +290=           |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE |                        |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|--------------------------|---|------------------|
|  | Total                                     | 47                       | Minus                                       | 33               |
| Independent                                    | 4   | Minus                    | 4   | 0                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| XS 9=           |                        | OR XS18=           | 56                     |
| X43=            |                        | OR X86=            | 700                    |
| +145=           |                        | OR +290=           | 290                    |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE | 700.00                 |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|--|---|--------------------------|---|------------------|
|  | Total                                     | Minus                    | 0   | 0                |
| Independent                                    | Minus                                     | 0                        | 0   | 0                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |

| RATE            | ADDI-<br>TIONAL<br>FEE | RATE               | ADDI-<br>TIONAL<br>FEE |
|-----------------|------------------------|--------------------|------------------------|
| XS 9=           |                        | OR XS18=           |                        |
| X43=            |                        | OR X86=            |                        |
| +145=           |                        | OR +290=           |                        |
| TOTAL ADDT. FEE |                        | OR TOTAL ADDT. FEE |                        |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
- \* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.